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HEALTH CARE FACILITY

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FORM APPROVED

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN1601	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING		(X3) DATE SURVEY COMPLETED  05/09/2011
NAME OF PROVIDER OR SUPPLIER  UNITED REGIONAL MEDICAL CENTER NURSII			STREET ADDRESS, CITY, STATE, ZIP CODE 1001 MCARTHUR DRIVE MANCHESTER, TN 37355		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 832	<p>1200-8-6-.08(2) Building Standards</p> <p>(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the building standards.</p> <p>The findings included:</p> <p>(1) Observation of Resident rooms 502, 507, and 603 and the corridor by the social service office on 5/9/11 at 10:00 AM, revealed water stained ceiling tiles.</p> <p>(2) Observation of the handicapped bathroom by room 611 on 5/9/11 at 10:20 AM, revealed no strobe light installed in the room..</p> <p>This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 5/9/11.</p>	N 832	<p>N832</p> <p>The stained ceiling tiles in resident rooms 502, 507 and 603 and the corridor by the Social Services office will be replaced by 6/3/11 by the Maintenance Director.</p> <p>The handicap sign for the bathroom by 611 was removed on 5/20/11 and will be replaced with appropriate signage by the Maintenance Director.</p> <p>All residents also have the potential to be affected.</p> <p>The Maintenance Director or his designee will continue to monitor the corrective action to ensure effectiveness of this action by performing random walking rounds throughout the facility five times per week times four weeks to monitor for stained ceiling tiles. If no further issues are identified random walking rounds will occur weekly to ensure compliance.</p> <p>The results of these audits will be reported to the QA Committee quarterly. The QA Committee will make recommendations and develop an action plan if areas of noncompliance are noted. The QA Committee meets quarterly and consists of the Administrator, DON, Assistant DON, MDS Coordinator, Medical Director, Maintenance Director, Social Services, Activity Director and others as indicated.</p>	6/3/11	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
STATE FORM

TITLE

(X6) DATE

QZPF21

If continuation sheet 1 of 1